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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) V0005.70102US00
Application Number	10/561,009-Conf. #6040	Filed June 21, 2007
For AMORPHOUS FORM OF OLANZAPINE		
Art Unit	1624	Examiner Brenda L. Coleman
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$130 Small Entity Fee \$65 \$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$490 Small Entity Fee \$245 \$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1110 Small Entity Fee \$555 \$ 1,110.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1730 Small Entity Fee \$865 \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2350 Small Entity Fee \$1175 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23/2825</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</i> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>46,533</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <i>Registration number if acting under 37 CFR 1.34</i> _____		
<u>/C. Hunter Baker/</u> Signature		Date <u>October 8, 2010</u>
C. Hunter Baker, M.D., Ph.D. Typed or printed name		Telephone Number <u>617.646.8000</u>
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>		
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.	

Certificate of Electronic Filing under 37 CFR § 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: October 8, 2010

Signature: Lucie DeBellis / (Lucie DeBellis)